

In the United States Patent and Trademark Office

Mailed 2003 July 7

Box Patent Application
Assistant Commissioner for Patents
Washington, District of Columbia 20231

Sir:

Please file the following enclosed patent application papers:

Applicant #1, Name: DALLAS L CLOUATRE

Applicant #2, Name: _____

Title: Treating Cachexia and Excessive Catabolism with (-)-Hydroxyphenyl Acid

☒ Specification, Claims, and Abstract: Nr. of Sheets 17

☒ Declaration: Date Signed: July 7, 2003

☒ Drawing(s): Nr. of Sheets Enc.: Formal: 4 Informal: _____

☒ Small Entity Declaration of Inventor(s) ☐ SED of Non-Inventor / Assignee / Licensee

☐ Assignment enclosed with cover sheet and recordal fee; please record and return.

☒ Check for \$ 370 for: Credit Card Payment Form

☒ \$ 370 for filing fee (not more than three independent claims and twenty total claims are presented).

☐ \$ _____ additional if Assignment is enclosed for recordal.

☒ Information Disclosure Statement, Form PTO-1449, and listed references.

☐ Disclosure Document Program reference letter.

☐ Pursuant to 35 U.S.C. §119(e)(1), applicant(s) claim priority of Provisional Patent Application Ser. Nr. _____
filed _____

☒ Return Receipt Postcard Addressed to Applicant #1.

☒ **Request Under MPEP § 707.07(j):** The undersigned, a pro se applicant, respectfully requests that if the Examiner finds patentable subject matter disclosed in this application, but feels that Applicant's present claims are not entirely suitable, the Examiner draft one or more allowable claims for applicant.

Very respectfully,

Dallas L Clouatre

Applicant #1 Signature

Applicant #2 Signature

DALLAS L CLOUATRE

Address (Send Correspondence Here) **1247 LINCOLN BLVD #112** Address

SANTA MONICA, CA 90401

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Express Mail Label # _____

ER309636631US

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Washington, District of Columbia 20231

Fee Transmittal

First-Named Applicant DALLAS L CLOUATRE
Title of Invention: Treating Cadenic and Epineuric Catabolism with (-)-Hydroxyphenyl Acid
Total Payment Enclosed (From Calculation Below): \$ 370 ☐ Check ☐ Money Order
Credit Card Form

Sir:

Enclosed is the following small entity filing fee for the above patent application:

Fee Code	Fee Description	Fee (\$)
214	Provisional Pat. Appn. Filing Fee	<u> </u>
201	Basic Utility Appn. Filing Fee	<u>370</u>
206	Basic Design Appn. Filing Fee	<u> </u>
	Subtotal (1)	<u>370</u>
203	Total Claims: <u>6</u> - 20 = <u> </u> ; X <u> </u> (fee for each claim over 20) = <u> </u>	
202	Tot. Indep. Claims <u>1</u> - 3 = <u> </u> ; X <u> </u> (fee for each indep. claim over 3) = <u> </u>	
	Subtotal (2)	<u> </u>
Total Payment Enclosed [Sum of Subtotals (1) and (2)]		<u>370</u>

Very respectfully,

Dallas L Clouatre, Ph.D.
Signature of First-Named Applicant

DALLAS L CLOUATRE
Print Name of First-Named Applicant

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